PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

101+ 296-US

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			ΛP	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			15					RATE	FEE] 	RATE	FEE
FOR			NUMBER FILED		NUMB	BER EXTRA		BASIC FEE	375.00	OR		750.00
TOTAL CHARGEABLE CLAIMS			/ minus 20= *			Đ	ĺ	X\$ 9=		OR	X\$18≈	0
INDEPENDENT CLAIMS			3 minus 3 = * ()		X42=		OR	X84=	0
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				ĺ	+140=		OR	+280=	Ð
* If	the difference	in column 1 is	less than ze	than zero, enter "0" in column 2				TOTAL		OR	TOTAL	750
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	OTHER THAN OR SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		. HIGHI NUME PREVIC PAID I	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	,	OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	CLAIM			X42=		OR	X84=	
<u> </u>	THOTTREE		JEIN EE DEI	LINDEINT	OLANI		ı	+140=		OR	+280=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		, '	ODII. FEE	<u> </u>		ADDI1.1 CE						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAIM	= [-]		X42=		OR	X84=	
<u> </u>	111101111111111111111111111111111111111	TATION OF MI	JEIII LE DEI	LNDLINI	CLAIN		' [+140=		OR	+280≈	
		•					L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)	79.					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	İ	X42=		OR	X84≈	
	HRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM							
*	f the entry in colu	L	+140=		OR	+280≈						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Num	nber Previously Pai	d For" (Total o	r Independe	ent) is the	highest number	r four	nd in the app	ropriate box	in col	lumn 1.	